

**St. Antonys PreHospital Services
Adult IO QA form**

Agency: _____

Alarm/PCR #: _____

Successful:

Yes

No

Gender:

Male

Female **Age:** _____

Indication:

Arrest

Impending Arrest

Profound Shock

Other

Was the flow rate adequate?

Yes

No

Was a pressure bag used?

Yes

No

Was lidocaine used?

Yes

No

If Lidocaine was used, was it effective?

Yes

No

Peripheral attempts at vascular access

Pre-IO

Yes **Number** _____

No

Post-IO

Yes **Number** _____

No

Complications / comments

Please return to the QI coordinator within 48 hours and include patient care document.